

**City of Huntsville Division of Natural Resources  
and Environmental Management**

**Final State Review Framework Report – Round 2  
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## **I. EXECUTIVE SUMMARY**

In the spring of 2009, the Environmental Protection Agency (EPA) Region 4 initiated the first State Review Framework (SRF) evaluation of the City of Huntsville Division of Natural Resources and Environmental Management (HDNREM). The SRF is a program designed to ensure EPA conducts oversight of state and local compliance and enforcement programs for the Resource Conservation & Recovery Act (RCRA) Subtitle C program, the Clean Water Act (CWA) National Pollutant Discharge Elimination System (NPDES) program, and the Clean Air Act (CAA) Stationary Source program in a nationally consistent and efficient manner. The HDNREM is a local air enforcement agency with responsibility for CAA compliance and enforcement within the City of Huntsville. This is the first SRF evaluation EPA has conducted in Huntsville, and it is based on FY 2008 compliance and enforcement activities.

SRF evaluations look at twelve program elements covering: data (completeness, timeliness, and quality); inspections (coverage and quality); identification of violations; enforcement actions (appropriateness and timeliness); and penalties (calculation, assessment and collection). Reviews are conducted in three phases, including (1) analyzing information from the national data systems, (2) reviewing a limited set of local program files, and (3) developing findings and recommendations. Considerable consultation is built into the process to ensure EPA and the local program understand the causes of issues, and to seek agreement on identifying the actions needed to address problems. The SRF Reports generated by the reviews are designed to capture the information and agreements developed during the review process in order to facilitate program improvements. The reports are designed to provide factual information and do not make determinations of program adequacy. EPA also uses the information in the reports to draw a “national picture” of enforcement and compliance, and to identify any issues that require a national response. SRF Reports are not used to compare or rank state and local programs.

### **A. Major Local Priorities and Accomplishments**

HDNREM did not choose to provide any additional information in this section of the report concerning the program’s priorities or accomplishments.

### **B. Summary of Results**

- ◆ **Recommendations from Round 1** – The Huntsville local program was not reviewed during Round 1.
- ◆ **Summary of Round 2 Results** – The findings for the HDNREM Round 2 SRF evaluation are listed below for Elements 1 through 12. For each Element, a finding is made in one of the four following categories:
  - **“Meets SRF Program Requirements”** – This indicates that no issues were identified for that element.
  - **“Area for Local Attention”** – The SRF data metrics and/or the file reviews indicate that activities, processes, or policies are being implemented with minor deficiencies that the local program needs to pay attention to in order to strengthen its performance, but are not

significant enough to require the region to identify and track local program actions to correct. This can describe a situation where a local program is implementing either EPA or local policy in a manner that requires self-correction to resolve concerns identified during the review. These are single or infrequent instances that do not constitute a pattern of deficiencies or a significant problem. These are minor issues that the local program should self-correct without additional EPA oversight. However, the local program is expected to improve and maintain a high level of performance.

- **“Area for Local Improvement”** – The SRF data metrics and/or the file reviews indicate that activities, processes, or policies that are being implemented by the local program have significant problems that need to be addressed and that require follow-up and EPA oversight. This can describe a situation where a local program is implementing either EPA or local policy in a manner requiring EPA attention. For example, these would be areas where the metrics indicate that the local program is not meeting its commitments, there is a pattern of incorrect implementation in updating compliance data in the data systems, there are incomplete or incorrect inspection reports, and/or there is ineffective enforcement response. These would be significant issues and not merely random occurrences. Recommendations are required for these problems, and should have well defined timelines and milestones for completion. The recommendations will be monitored in the SRF Tracker.
- **“Good Practice”** – The SRF data metrics and/or the file reviews indicate that activities, processes, or policies are being implemented exceptionally well and which the local program is expected to maintain at a high level of performance. This may include specific innovative and noteworthy activities, processes, or policies that have the potential to be replicated by other state or local programs and that can be highlighted as a practice for other states and locals to emulate. No further action is required by either EPA or the local program.

♦ **CAA Results**

- **Meets SRF Program Requirements** – In the CAA SRF evaluation, the following elements met the SRF program requirements:
  - Element 1 - Data Completeness
  - Element 4 - Completion of Commitments
  - Element 5 - Inspection Coverage
  - Element 6 - Quality of Inspection or Compliance Evaluation Reports
  - Element 8 - Identification of SNC and HPV
  - Element 9 - Enforcement Actions Promote Return to Compliance
  - Element 10 - Timely and Appropriate Action
  - Element 12 - Final Penalty Assessment and Collection
- **Area for Local Attention** – There was one minor area identified for local attention:
  - Element 7 - Identification of Alleged Violations

- Area for Local Improvement - There were three CAA Elements where a recommendation for local improvement was identified in the SRF evaluation:
  - Element 2 - Data Accuracy
  - Element 3 - Timeliness of Data Entry
  - Element 11 - Penalty Calculation Method
- Good Practice – There were no SRF Elements identified in this category.

## **C. Major Cross-Media Findings and Recommendations**

Since the review evaluated only the Huntsville CAA enforcement program, there were no cross-media findings or recommendations.

## **II. BACKGROUND INFORMATION ON LOCAL PROGRAM AND REVIEW PROCESS**

### **A. General Program Overview**

#### **Agency Structure**

HDNREM is responsible for administering the Huntsville's Air Pollution Control, Blasting Control, and Noise Control Programs. In addition, HDNREM coordinates the city's compliance with EPA storm water regulations, enforces Huntsville's Storm Water Quality Ordinance, and conducts initial investigations of possible surface water quality problems. In addition, HDNREM provides environmental support to city agencies, including performance of asbestos inspections, Phase I Site Assessments, and facility environmental audits. Details about each of the programs are provided below:

- **Air Pollution Control (APC) Program** - In administering the APC program, HDNREM develops strategies and regulations to maintain compliance with the National Ambient Air Quality Standards (NAAQS); enforces strategies and regulations including provisions of the federal Clean Air Act; performs ambient air monitoring to demonstrate compliance with the NAAQS; evaluates pollution control equipment and issues permits to industrial and area sources; performs compliance inspections of sources; and ensures control of open burning and proper asbestos removal.
- **Air Quality Information** – HDNREM also provides local air quality data to the public through the development of a daily air quality index which is provided to various media outlets. This information is published or aired five days each week in conjunction with weather reporting. Pollen counts and identification are also provided three times each week. An Air Quality Report for the Huntsville area has been prepared by HDNREM which summarizes ambient air quality data for major pollutants, and presents long term trends graphically. Emission estimates are also included in the report.
- **Indoor Air** – Information on indoor air pollution, sources of pollutants, and corrective action alternatives is provided to Huntsville residents by Division personnel. Indoor air inspections

are performed at the request of homeowners who are unable to determine possible sources or who have difficulty in selecting an appropriate remedy.

- **Blasting Control Program** – Huntsville's Blasting Ordinance requires persons detonating explosives to be certified and requires a permit for blasting within the City of Huntsville. Ground Vibrations and airblast standards are enforced by HDNREM by reviewing site monitoring reports, performance of inspections and conducting seismographic monitoring. Blaster training and certification programs are administered by HDNREM.
- **Noise Control Program** - Huntsville's Noise Ordinance limits the sound level of community and vehicle noise impacting area citizens. The standards of the Ordinance are based on receiving land use categories and are designed to prevent exposure to excessive noise. HDNREM enforces the Ordinance by conducting field measurements of community noise levels and conducting investigations of citizen complaints. Provisions of the Ordinance which address excessive noise from motor vehicles on public premises are enforced by the Huntsville Police Department.
- **Storm Water Quality Control Program** – HDNREM coordinates activities by the City of Huntsville designed to ensure compliance with state and federal storm water quality requirements for medium sized municipalities. These requirements include implementation of a comprehensive municipal storm water management program, as well as requirements for monitoring storm water quality. In addition to assembling information gathered by other City Departments to satisfy reporting requirements, HDNREM conducts industrial inspections and investigates discharges of pollutants to the storm sewer system. HDNREM also performs surface water quality investigations for the storm water quality program.

### **Compliance/Enforcement Program Structure**

For the state of Alabama, the Air Division of the Alabama Department of Environmental Management (ADEM) administers Alabama's Air Pollution Control Program pursuant to the authorities granted by the provisions of the Alabama Environmental Management Act and the Alabama Air Pollution Control Act. The Air Division also administers the delegable provisions of the Clean Air Act. The Air Division has primary jurisdiction over all air emission sources within the State, except those emission sources located within the City of Huntsville and Jefferson County. The Air Pollution Control Programs in these areas are administered by HDNREM and the Jefferson County Department of Health, respectively. The entire State of Alabama is covered by the EPA-approved State Implementation Plan (SIP); the two local programs do not have separate portions in the Alabama SIP.

The Rules and Regulations for the Control of Air Pollution within the City of Huntsville, Alabama, adopted by the Huntsville City Council by Ordinance 72-156, as amended, authorize the Director of HDNREM to administer the program. The Director is subject to the general supervision and control of the Mayor, and also answers to the Air Pollution Control Board.

HDNREM develops and enforces strategies and regulations to maintain compliance with the National Ambient Air Quality Standards (NAAQS); performs ambient air monitoring to demonstrate compliance with the NAAQS; evaluates pollution control equipment and issues

permits to industrial and area sources; performs compliance inspections of sources; and ensures control of open burning and proper asbestos removal. The HDNREM also investigates tips and complaints from citizens who observe or suspect a violation of local air pollution, blasting, or noise control regulations

Huntsville's regulations authorize the Director of HDNREM to address violations through issuance of an administrative order or in a civil action in the Circuit Court of Madison County. The City Attorney is responsible for bringing such actions in the Circuit Court at the request of the Mayor or governing body of the City of Huntsville. The Air Pollution Control Board may also make recommendations concerning the bringing of said actions to the Mayor or to the Mayor and City Council. Recipients of an administrative action may file a request for a hearing with the Air Pollution Control Board within 15 days to contest the action.

Huntsville's regulations authorize civil penalties to be assessed or recovered of between \$100 and \$25,000 for each violation, provided that the total penalty assessed in an order issued by the Director does not exceed \$250,000.

### **Local Agencies Included/Excluded from Review**

HDNREM is one of two local air pollution control agencies in Alabama that administers the Air Pollution Control Program within their jurisdiction. EPA's January 2008 "Guidelines for Including Local Agencies in the State Review Framework," establishes criteria for determining which local agencies should receive a separate SRF review from the state. Since HDNREM has a formal relationship and accountability directly with EPA through the Air Planning Agreement and the negotiation of a Compliance Monitoring Strategy (CMS) Plan, the region elected to conduct a separate and independent review of the HDNREM program. A separate SRF evaluation of the ADEM enforcement programs is also occurring in 2009.

### **Roles and Responsibilities**

Huntsville is staffed by seven full-time employees. This includes the Director and Deputy Director as well as an administrative assistant. The Director and Deputy Director participate in field inspections and compliance determinations. Nearly all enforcement actions are discussed and handled through the Director.

### **Resources**

CAA Resources (Stationary Sources):

- Staffing – Huntsville is a comparatively small program in relation to state environmental programs. There are seven people on staff, four of which have been part of the program for 20 or more years. Huntsville is the delegated authority for implementation of all CAA requirements for all sources of air pollutants in the Huntsville Municipal Area, including asbestos enforcement, air monitoring, and AFS database management. They also enforce Municipal open burning, odor, explosive blasting and noise ordinances, coordinate compliance with the Huntsville's NPDES storm water discharge permit, and enforce local storm water quality regulations. Staff members participate in all of the activities, each with a focus on particular areas.

- Resource Constraints – HDNREM’s program is funded through a combination of the CAA §105 grant from EPA, permit and emissions fees from regulated sources, and city funds. The amount of any monetary penalties collected by the program as a result of enforcement actions are deducted from funds the city provides.

### **Staffing / Training**

Due to a tight budget for travel and training, the majority of training is on-the-job. Senior staff members will take newer staff on inspections and mentor them in other areas. The Director requires two staff members to be Visible Emissions certified and two members to be Asbestos certified. Regulatory updates provided by ADEM are attended when possible.

### **Data Reporting Systems/Architecture**

HDNREM does not have a local electronic database that houses enforcement and compliance data, although the Director manually tracks certain key submittals from Title V sources through paper spreadsheets. HDNREM enters minimum data requirements (MDRs) into AFS manually through a direct online connection. The person responsible for AFS data entry talks to each individual that performs compliance inspections to obtain a list of facilities inspected during the calendar quarter, the compliance status of the facility, whether any stack testing was conducted, whether applicable requirements have changed, etc. This data entry into AFS typically occurs on a quarterly basis, with updates coinciding with submission of the Consolidated Quarterly Reports under the §105 Air Program Grant. However, these procedures do make it difficult for HDNREM to report MDRs to EPA in a timely manner.

## **B. Process for SRF Review**

The Huntsville SRF Evaluation was initiated with an April 22, 2009, kick-off letter to the HDNREM Director from the EPA Region 4 Acting Associate Director of the Office of Environmental Accountability (OEA). A conference call was held on May 21, 2009, between EPA and the HDNREM Deputy Director to discuss the data metrics. Following the call, EPA sent via email the “drill down” results for metrics 1c4, 3b1, and 3b2, and provided instructions for securing access to OTIS in order to see additional detailed results. On June 5, 2009, the Preliminary Data Analysis (PDA) and File Selection were sent to HDNREM, and the onsite file review took place on June 16-17, 2009, at the HDNREM office in Huntsville, Alabama. The EPA team held an opening conference in which the initial findings of the PDA were discussed, and the objectives and focus areas for the file review were outlined. In addition, pursuant to the December 9, 2005, memorandum from Lisa Lund entitled “State Review Framework and CAA Compliance Monitoring Strategy Evaluations,” EPA conducted a Compliance Monitoring Strategy (CMS) review with the HDNREM Director. The feedback received during this review is reflected in the foregoing sections of this report. At the closing conference, EPA relayed tentative findings from the file review and discussed the timeline for the remainder of the evaluation. On June 18, 2009, EPA provided HDNREM a list of data discrepancies identified under Element 2. EPA communications throughout the review have been with either the Director or the Deputy Director. Finally, EPA forwarded the draft SRF report to HDNREM for review on August 26, 2009. The fiscal year of the HDNREM SRF review was FY 2008.

HDNREM and EPA Region 4 Contacts:

Huntsville	EPA Region 4
Danny Shea, Director – HDNREM Gloria Mims, Deputy Director – HDNREM	Mark Fite – OEA Stephen Rieck - Air, Pesticides & Toxics Management Division

### III. OUTSTANDING STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

No review of the HDNREM program was conducted during Round 1.

### IV. FINDINGS

The findings for the HDNREM SRF evaluation are listed below for Elements 1 through 12.

CAA Element 1 – Data Completeness			
Degree to which the Minimum Data Requirements are complete.			
Finding:	In general, Huntsville has ensured that all Minimum Data Requirements (MDRs) were entered into the Air Facility Subsystem (AFS).		
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Local Attention <input type="checkbox"/> Area for Local Improvement – Recommendations Required <input type="checkbox"/> Good Practice		
Explanation:	<p>In the Preliminary Data Analysis (PDA), Huntsville met the national goal of 100% for Metrics 1h1, 1h2, and 1h3, which measure completeness in reporting of HPV-related minimum data requirements (MDRs). In addition, Huntsville met the national goal of 100% for Metric 1c6, which indicates Huntsville entered MACT subprogram designations into AFS for all of their MACT sources with full compliance evaluations (FCEs) conducted after 10/1/05. Although the results for Metric 1c4 (66.7%) indicated a potential concern with respect to the entry of NSPS subpart data, in reality, only one source was missing the appropriate subpart designation. Huntsville has since added the subpart information for that source into AFS, bringing their percentage to 100%. As a result, Huntsville has ensured that all MDRs were entered into AFS. Therefore, this element meets SRF program requirements.</p>		
Metric(s) and Quantitative Value:	<u>Data Metric</u>	<u>Goal</u>	<u>Local</u>
	1c4 - CAA subprogram designation: % NSPS Facilities with FCE conducted after 10/1/05	100%	66.7%
	1c5 - CAA subprogram designation: % NESHAP facilities with FCE conducted after 10/1/05	100%	NA
	1c6 - CAA subprogram designation: % MACT facilities with FCE conducted after 10/1/05	100%	100%

	<p>1h1 - HPV Day Zero Pathway Discovery date: Percent DZs reported after 10/1/05 with discovery 100% 100%</p> <p>1h2 - HPV Day Zero Pathway Violating Pollutants: Percent DZs reported after 10/1/05 100% 100%</p> <p>1h3 - Percent DZs reported after 10/1/05 with HPV Violation Type Code 100% 100%</p>
Local Response:	None.
Action(s):	No further action needed.

## CAA Element 2 – Data Accuracy

### Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).

Finding	Data reported into the national data system (AFS) is not always accurately entered and maintained. In addition, Huntsville's reporting of the compliance status of one HPV source was not consistent with national policy.
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Local Attention <input checked="" type="checkbox"/> Area for Local Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	<p>The majority of files reviewed (77%) revealed one or more data inaccuracies or discrepancies between the file materials and AFS. Of the 13 files reviewed, eight had one or more inaccurate facility related data items, including zip code, SIC code, facility name, or address shown in AFS. One file showed both VOC and HAPs as regulated pollutants in the SM permit, but AFS only indicated VOCs as regulated. One file indicated applicability of the subpart P MACT (starting on 1/8/08), but this was not shown in AFS. Finally, one file indicated a stack test was done that was not reported in AFS. Although these issues are dispersed among several facilities, taken together, they reveal some lack of attention to data accuracy. Huntsville attributes this to resource constraints and competing priorities. Although Huntsville has made significant progress in resolving the discrepancies identified during the file review, this has been identified as an area for local attention to ensure that accurate data is maintained in the future.</p> <p>Data metric 2b1 measures the percent of stack tests that do not have a result coded into AFS, and Huntsville met the national goal of 0%. Metric 2a is designed to provide an indication of whether compliance status is being accurately reported in AFS. EPA identified Huntsville's value of 100% (1 HPV/1 non-compliant source) for Metric 2a as a potential concern, since it did not meet the national goal of <math>\leq 50\%</math>. To follow up on the potential concern raised by this metric, a closer evaluation of the violation was conducted during the file review.</p> <p>A review of the file revealed that although the source failed a stack test in February 2008 and an HPV was recorded in March 2008, the compliance</p>

	status of the source was not changed in AFS to “in violation” until July 2008. This is not consistent with the information collection request (ICR) approved by OMB which requires reporting of violations within 60 days. Therefore, since the file review confirmed that Huntsville did not accurately report the compliance status of the source, this is an area for local improvement. The Region’s recommendation focuses on the correction of historical data in AFS.		
Metric(s) and Quantitative Value:	<u>Data Metric</u>	<u>National Goal</u>	<u>Local</u>
	2a – # of HPVs / # of noncompliant sources	≤ 50%	100%
	2b1 - % Stack Tests without Pass/Fail result	0%	0%
	2b2 - No. of Stack Test Failures	-	1
	<u>File Review Metric</u>		<u>Local</u>
	2c - % files with MDR data accurate in AFS	-	23%
Local Response:	None.		
Action(s):	By 10/31/09, Huntsville shall correct the historical compliance status of the source in AFS to ensure it is consistent with national policy.		

CAA Element 3 - Timeliness of Data Entry	
Degree to which the Minimum Data Requirements are timely.	
Finding:	The timeliness of Huntsville’s MDR reporting fell significantly short of the national goal.
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Local Attention <input checked="" type="checkbox"/> Area for Local Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	<p>This element examines the timeliness of Huntsville’s data entry into AFS. All three of the data metrics for this element indicate a problem with the timeliness of data entry. More specifically, Metric 3a had a value of 0%, indicating that all HPV related MDRs were entered late. In reality, Huntsville had only one HPV in the review year, and it was not entered into AFS until 126 days after identification (EPA policy requires entry within 60 days). Similarly, Metric 3b2 had a value of 0%, which meant that all enforcement related MDRs were entered late, but again, Huntsville had only two enforcement related actions to report during 2008. It should be noted that although these metrics accurately portray that timeliness is a concern, the small size of the Huntsville program may tend to exaggerate the severity of the problem. For Metric 3b1, 60% (15 out of 25) of Huntsville's compliance monitoring MDRs were timely (&lt;60 days). That means that the remaining 10 compliance monitoring activities (40%) were not entered within the 60 days. Six of these were entered into AFS within 90 days, three were entered within 120 days, and one action took 159 days to enter. In response to these results in the PDA, Huntsville indicated that their practice has been to update their data into AFS on a quarterly basis, which likely accounts for the majority of this late reporting. Therefore, based on</p>

	the data metrics, EPA has designated this element as an area for local improvement.		
	An analysis of Huntsville’s FY2009 performance to date for compliance monitoring MDRs (Metric 3b1) shows significant progress, indicating that Huntsville is currently achieving the National Goal of 100%. However, to ensure that timely reporting of MDRs into AFS is maintained, EPA has made recommendations below.		
Metric(s) and Quantitative Value:	Data Metric	National Goal	Local
	3a - % HPVs entered in ≤ 60 days	100%	0%
	3b1 - % Compliance Monitoring MDRs entered in ≤ 60 days	100%	60.0%
	3b2 - % Enforcement MDRs entered in ≤ 60 days	100%	0%
Local Response:	Huntsville’s practice has been to update AFS on a quarterly basis, with updates coinciding with submission of the Consolidated Quarterly Reports under the § 105 Air Program Grant. This provides a convenient and reliable trigger for gathering a range of information from appropriate program staff members. Huntsville must manually enter each data element into AFS. There is no local electronic database that houses compliance inspection information, the results of compliance certification reviews, etc. Consequently, the person responsible for AFS data entry talks to each individual that performs compliance inspections to obtain a list of facilities inspected during the calendar quarter, the compliance status of the facility, whether any stack testing was conducted, whether applicable requirements have changed, etc. Increasing the frequency of data entry from quarterly to bimonthly would impose more of a burden than just the time required to manually access the AFS system and input the data. Rather, it would also encompass the increased time required to assemble the information. Huntsville does not utilize the AFS data base for any purpose whatsoever. With EPA grant funding essentially stagnant over the past 10 years, rising personnel costs have resulted in an erosion of the number of full-time employees devoted to the air program, making it progressively more challenging to meet core program objectives. Diversion of resources to increase the frequency of updating a database that provides no program benefit cannot be justified under these circumstances.		
Action(s):	Huntsville shall develop and implement a protocol by 12/30/09 that ensures the timely entry of MDRs into AFS. At a minimum, this protocol shall include an increase in the frequency to bi-monthly data entry.		

#### CAA Element 4 - Completion of Commitments.

**Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.**

Finding: All enforcement and compliance commitments in relevant agreements have been met.

Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Local Attention <input type="checkbox"/> Area for Local Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	Huntsville met all of its enforcement and compliance monitoring commitments under the FY 2008 Air Planning Agreement with EPA Region 4. Therefore, this element meets SRF program requirements.
Metric(s) and Quantitative Value:	<div>File Review <span style="float: right;">Local</span></div> <div>4a - Planned evaluations completed for year of review pursuant to CMS plan <span style="float: right;">(see Element 5)</span></div> <div>4b – Planned commitments completed <span style="float: right;">100%</span></div> <div>(See the Metric 4b table in the appendix for a more detailed analysis)</div>
Local Response:	None.
Action(s):	No further action is needed.

### CAA Element 5 – Inspection Coverage

#### Degree to which local program completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, local and regional priorities).

Finding:	Inspection and compliance evaluations provide adequate coverage to address core federal, local, and regional priorities.		
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Local Attention <input type="checkbox"/> Area for Local Improvement – Recommendations Required <input type="checkbox"/> Good Practice		
Explanation:	<p>Huntsville followed a traditional Compliance Monitoring Strategy (CMS) plan for conducting FCEs at Title V Major and Synthetic Minor 80 (SM80) sources during the FY 2006-2007 CMS cycle. Although the frozen data metric indicates that Huntsville completed 88.9% (8 of 9) of its FCEs at Major sources (Metric 5a1) during the CMS cycle, HQ has advised that the metric is in error, and the result should be 100%. It should be noted that Huntsville completed an FCE at the source in question during FY 2006 and FY 2007. There are therefore no concerns with respect to Huntsville's coverage of Major sources. Huntsville also inspected 100% of its SM80 sources (Metric 5b1) during the 5-year CMS cycle for SM80s. Huntsville also reviewed 100% of the Title V annual compliance certifications (Metric 5g) during the review period. For all metrics in this element (including a corrected value of 100% for 5a1), Huntsville met the national goal. Therefore, this element meets SRF program requirements.</p>		
Metric(s) and Quantitative Value:	<div>Metrics <span style="float: right;">National Goal</span></div> <div>5a1–FCE coverage-Majors (CMS cycle) <span style="float: right;">100%</span></div> <div>5a2–FCE coverage-All Majors (last 2 FY) <span style="float: right;">100%</span></div> <div>5b1–FCE coverage-SM80 (CMS cycle) <span style="float: right;">20-100%</span></div>	<div>Local</div> <div>100% (corrected)</div> <div>100%</div> <div>100%</div>	

	5b2–FCE coverage-CMS SM80 (last 5 FY)	100%	100%
	5c-FCE/PCE coverage-All SMs (last 5 FY)	NA	88.9%
	5d-FCE/PCE coverage-other minors (5 FY)	NA	66.7%
	5g-Review of Self Certifications completed	100%	100%
Local Response:	None.		
Action(s):	No further action is needed.		

#### CAA Element 6 – Quality of Inspection or Compliance Evaluation Reports

##### Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.

OBSERVATIONS:		
Finding:	Compliance evaluation reports properly document observations, are completed in a timely manner, and include an accurate description of observations.	
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Local Attention <input type="checkbox"/> Area for Local Improvement – Recommendations Required <input type="checkbox"/> Good Practice	
Explanation:	All of the 13 files reviewed with FCEs conducted during the review period (FY 2008) had documentation in the files to show that they contained all of the elements of the FCE. In addition, all 13 of the files reviewed contained the required Compliance Monitoring Report (CMR) elements, and the files contained sufficient documentation to determine compliance at the facility. Therefore, this element meets SRF program requirements.	
Metric(s) and Quantitative Value:	<u>File Review Metric</u> 6a – Number of FCEs reviewed 6b – % FCEs that meet definition 6c – % CMRs sufficient for compliance determination	<u>Local</u> 13 100% 100%
Local Response:	None.	
Action(s):	No further action is needed.	

#### CAA Element 7 - Identification of Alleged Violations.

##### Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g., facility-reported information).

Finding:	In general, compliance determinations are accurately made and promptly reported into AFS based on inspection reports and other compliance monitoring information.		
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Local Attention <input type="checkbox"/> Area for Local Improvement – Recommendations Required <input type="checkbox"/> Good Practice		

Explanation:	<p>With respect to Huntsville’s compliance determinations, 12 of 13 (92%) of the files reviewed led to an accurate compliance determination in AFS (Metric 7a). However, for the remaining facility, although the source failed a stack test for particulate matter (PM) in July 2007, Huntsville did not issue a notice of violation until after a second failed stack test in February 2008. In addition, Huntsville did not place the source into non-compliance status until July 2008. Huntsville explained that the area surrounding the test port was extremely dirty, and construction work was going on in the vicinity of the test site, so the validity of the first test result was in question. However, when the second test failed, Huntsville concluded that an HPV had occurred. Whereas this is only 1 of 13 compliance determinations made during FY 2008 with an inaccurate compliance determination, EPA is designating this element as an area for local attention to ensure that Huntsville appropriately identifies violations of this nature in the future. Huntsville and EPA have recently reinstated quarterly conference calls to improve communication and enhance the Region’s oversight of Huntsville’s compliance determinations.</p> <p>Huntsville’s result for data metric 7c1 (7.1%) does not meet the national goal. This metric is designed to measure the compliance status reporting of the local program. Huntsville’s ratio (one non-compliant source reported over 14 sources receiving an FCE, stack test, or enforcement action) is significantly lower than the national average (21.2%). As a “review indicator,” the metric is not a final determination that there is a problem, but serves as a flag for the region to review this issue more closely and have dialogue with the local program to understand if there is a problem with under-reporting of violations. Huntsville attributes their low non-compliance rate to frequent contact with their regulated sources. As a small program with 18 Major and SM80 sources, program staff is able to secure and maintain compliance through close oversight utilizing compliance assistance and annual inspections. Based on this analysis, no further action is needed.</p>		
Metric(s) and Quantitative Value:	<u>Data Metrics</u>	<u>National Goal</u>	<u>Local</u>
	7c1 - % facilities in noncompliance with FCE, stack test, or enforcement (1 FY)	>10.6%	7.1%
	7c2 - % facilities with failed stack test and have noncompliance status (1 FY)	>21.8%	100%
	<u>File Review Metrics</u>		<u>Local</u>
	7a - % CMRs leading to accurate compliance determination		92%
	7b - % non-HPVs with timely compliance determination in AFS		NA
Local Response:	It seems incongruous to have as an enforcement goal greater than 10.6 % of inspected facilities in non-compliance, the metric EPA uses to assess the effectiveness of an enforcement program under this element of the review. Huntsville’s goal is to have 100 % of the sources within our jurisdiction in full compliance at all times. For those facilities tracked in AFS (major		

	<p>sources and synthetic minor sources), Huntsville comes close to achieving that goal. A non-compliance rate of 7.1 % for these facilities, although only a third of the national average, is actually unusually high for Huntsville. If a year other than 2008 had been selected as the focus of EPA’s review, the non-compliance rate for major and synthetic minor sources probably would have been 0 %. Huntsville believes that having a very low non-compliance rate is by far the most important metric for validating the overall effectiveness of an enforcement and compliance assistance program.</p> <p>The apparent low non-compliance rate in Huntsville caused initial concern to EPA, presumably because it raised questions about the accuracy of the metric, whether due to performance of superficial inspections, failure to recognize violations when they were uncovered, or failure to report violations that were recognized. Instead, EPA’s review indicates the inspections are thorough and well-documented, compliance determinations are accurate, and non-compliance is accurately reported, although not always within the 60 day timeframe desired by EPA (reference Element 3). Note that the one “inaccurate” compliance determination noted in the EPA narrative for Element 7 involves the one facility identified as a high priority violator in 2008 by Huntsville (which yielded the higher than normal non-compliance rate of 7.1 % noted above). Thus, this is not actually a question of the accuracy of the determination, but the timing of when the facility status was changed from “compliance” to “non-compliance.” The circumstances surrounding this violation are unusual and are described in some detail in the local response to Element 11.</p> <p>Thus, although initially concerned by the very low apparent rate of non-compliance in Huntsville, EPA’s conclusion is that non-compliance rates actually are far below the national average here. Even though this conclusion is not strongly emphasized in EPA’s report, this is by far the most important result of EPA’s review.</p>
Action(s):	No further action is needed.

<b>CAA Element 8 - Identification of SNC and HPV</b>	
<b>Degree to which the local program accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.</b>	
Finding:	Huntsville accurately identifies high priority violations (HPVs).
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Local Attention <input type="checkbox"/> Area for Local Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	Huntsville exceeded the national goal for most of the metrics in this element. Huntsville did not identify any HPVs at Synthetic Minor sources during the review year (Metric 8b). However, since the universe is so small (9 SM sources) and the national identification rate is very low (0.4%) this does not represent a significant issue. In addition, whereas the frozen

	dataset indicates a value of 0% for Metric 8e (sources with failed stack test receiving HPV listing), the one source listed in the universe as having a failed stack test <u>did</u> in fact receive HPV listing (as reflected in the production dataset). Therefore, this element meets SRF program requirements. Timeliness of HPV reporting is addressed under Element 3.		
Metric(s) and Quantitative Value:	<u>Data Metrics</u>	<u>National Goal</u>	<u>Local</u>
	8a – HPV discovery rate – Major sources	>4.0%	11.1%
	8b – HPV discovery rate – SM sources	>0.4%	0%
	8c – % formal actions with prior HPV – Majors (1 yr)	>37.3%	100%
	8d – % informal enforcement actions without prior HPV – Majors (1 yr)	<20.1%	0%
	8e - % sources with failed stack test actions that received HPV listing – Majors and Synthetic Minors	>21.9%	100% (corrected)
	<u>File Review Metrics</u>		<u>Local</u>
	8f - % accurate HPV determinations		100%
Local Response:	None.		
Action(s):	No further action is needed.		

CAA Element 9 - Enforcement Actions Promote Return to Compliance							
Degree to which local enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.							
Finding:	Enforcement actions include corrective action that will return facilities to compliance in a specific time frame.						
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Local Attention <input type="checkbox"/> Area for Local Improvement – Recommendations Required <input type="checkbox"/> Good Practice						
Explanation:	Huntsville took only one formal enforcement action during FY 2008. The administrative order required the source to conduct another stack test within 60 days, and depending upon the results, perform additional complying actions. The files confirmed that the source performed and passed the stack test, so no additional injunctive relief was required. Therefore, all SRF program requirements were met for this element.						
Metric(s) and Quantitative Value:	<table> <tr> <th>File Review</th><th>Local</th></tr> <tr> <td>9a – number of enforcement actions reviewed</td><td>1</td></tr> <tr> <td>9b - % enforcement actions returning source to compliance</td><td>100%</td></tr> </table>	File Review	Local	9a – number of enforcement actions reviewed	1	9b - % enforcement actions returning source to compliance	100%
File Review	Local						
9a – number of enforcement actions reviewed	1						
9b - % enforcement actions returning source to compliance	100%						
Local Response:	None.						
Action(s):	No further action is needed.						

<b>CAA Element 10 - Timely and Appropriate Action</b>	
<b>Degree to which a local program takes timely and appropriate enforcement actions in accordance with policy relating to specific media.</b>	
Finding:	Huntsville took timely and appropriate enforcement action in accordance with EPA policy to address HPVs.
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Local Attention <input type="checkbox"/> Area for Local Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	All applicable data and file review metrics indicated that Huntsville took timely and appropriate enforcement action through a formal administrative order to resolve HPVs during the review period (Metric 10c). Huntsville had only one HPV action in FY 2008, and this action was resolved through an administrative order in 202 days, meeting EPA's timeliness criteria 270 days. Therefore, all SRF program requirements were met for this element.
Metric(s) and Quantitative Value:	<u>Data Metrics</u> <span style="float: right;"><u>Local</u></span>
	10a - % HPVs not timely (2 FY) <span style="float: right;">0%</span>
	<u>File Review Metrics</u> <span style="float: right;"><u>Local</u></span>
	10b - % timely HPV enforcement actions <span style="float: right;">100%</span> 10c - % HPVs appropriately addressed <span style="float: right;">100%</span>
Local Response:	None.
Action(s):	No further action is needed.

<b>CAA Element 11 - Penalty Calculation Method</b>	
<b>Degree to which local program documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.</b>	
Finding:	Huntsville does not document penalty calculations in the file, so the degree to which gravity and economic benefit are included could not be determined.
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Local Attention <input checked="" type="checkbox"/> Area for Local Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	A file review of the only enforcement action taken by Huntsville in FY 2008 did not disclose any documentation concerning the calculation of gravity or economic benefit consistent with national policy. Huntsville did consider gravity, indicating that the environmental harm was small, since the emission source that failed the stack test operated only a few hundred hours per year. However, EPA policy states that penalty calculations should be documented to ensure that both gravity and economic benefit were considered and, where appropriate, included in the penalty amount. Although Huntsville considered the gravity of the violation in their penalty

	<p>assessment, these factors were not documented in the file, and no calculation of economic benefit was developed.</p> <p>It should be noted that Huntsville is a very small local program, and the subject enforcement action is the only one taken since 2004. As such, it may not be necessary for EPA to require the development of a comprehensive penalty policy. However, based on the review, EPA has identified this as an area for local improvement. The Region’s recommendation is intended to ensure consistency with national policy.</p>				
Metric(s) and Quantitative Value:	<table> <tr> <td><u>File Review Metric</u></td><td><u>Local</u></td></tr> <tr> <td>11a - % penalty calculations that consider &amp; include gravity and economic benefit</td><td>0%</td></tr> </table>	<u>File Review Metric</u>	<u>Local</u>	11a - % penalty calculations that consider & include gravity and economic benefit	0%
<u>File Review Metric</u>	<u>Local</u>				
11a - % penalty calculations that consider & include gravity and economic benefit	0%				
Local Response:	<p>Although Huntsville does not utilize a numeric “penalty matrix” to determine the appropriate amount of a civil penalty, each penalty assessment does consider both the gravity of the violation and the extent to which the violator derived an economic benefit from the failure to comply. These considerations are outlined in the “Findings of Fact” included in the Draft and Final Administrative Order. A number of relevant facts and circumstances surrounding the stack test failure at the facility are described in the Administrative Order assessing the \$10,000 penalty. 1.) A total of ten (10) emission points were tested in July 2007, including each of the larger emission points (four electric arc furnaces) and several smaller material handling sources. All of the measured emissions were well below permitted limits with the exception of a transfer point with a particulate mass emission limit of 0.14 pounds per hour. 2.) There were anomalies in the test results for this emission point, so Huntsville directed the facility to repeat the test. 3.) During the repeat testing in February 2008, there was also evidence of sample probe contamination – this time the result of contractors who were performing ductwork repair generating significant amounts of dust in close proximity to the dust collector stack during the time of the test. 4.) Measured mass particulate emissions at the time of the second test were 0.45 pounds per hour. 5.) The Order also describes other mitigating factors – most notably the compliance history of the facility which includes a large number of previous stack tests, all of which showed actual emissions below permitted limits. In addition, the Order describes exacerbating circumstances, most notably that the facility is a major source of particulate emissions with a second test failure at the same point (both of which were likely caused by poor housekeeping in the area of the test causing sample probe contamination).</p> <p>Thus, the Order provides a thorough discussion of both the economic benefit component – in this case there probably wasn’t one – and the gravity component – the environmental harm was relatively small. Although the documentation in the Order does not include a series of arithmetic computations, it does present the facts that were considered in arriving at the appropriate penalty amount. This approach to penalty assessment,</p>				

	<p>analogous to the thought process of a judge considering the totality of the facts and circumstances during the sentencing phase of a trial, is designed to yield a penalty that is both just and provides an adequate deterrent to future non-compliance. Huntsville firmly believes that this approach is more effective than slavish adherence to a “penalty matrix,” which cannot possibly foresee and accommodate every possible combination of circumstances surrounding an environmental violation.</p> <p>Whether an enforcement program is effective, and the penalties for non-compliance are adequate, is best gauged by examining compliance rates and the extent to which violations recur. As discussed in Element 7, non-compliance rates in Huntsville are far below the national average, indicating the enforcement program is effective. With regard to penalty assessment, Huntsville has never had to initiate an administrative enforcement action with an entity that had been through that process before (we have not yet had a “repeat violator”). That fact suggests our approach to administrative enforcement is achieving its objective.</p>
Action(s):	By 12/31/09, Huntsville shall revise their civil penalty calculation methods to include both a gravity component, and where appropriate to the action, economic benefit calculated using the BEN model or another method that is equivalent to national policy. Documentation of these calculations shall also be maintained in the file.

CAA Element 12 - Final Penalty Assessment and Collection			
Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.			
Finding:	Huntsville adequately documented the difference between the proposed and final penalty, and the site files documented payment of the penalty.		
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Local Attention <input type="checkbox"/> Area for Local Improvement – Recommendations Required <input type="checkbox"/> Good Practice		
Explanation:	For the one enforcement action taken in FY 2008, Huntsville documented the initial proposed penalty and the final penalty in the final administrative order, and there was no difference in penalty amounts. In addition, Huntsville maintained documentation that the final penalty was collected. Finally, Metric 12b (100%) indicates Huntsville exceeded the national goal for taking penalty actions at HPV sources. Therefore, all SRF program requirements were met for this element.		
Metric(s) and Quantitative Value:	Data Metrics	National Goal	Local
	12a – Actions with penalties	NA	1
	12b - % HPV actions with penalty	≥ 80%	100%
	File Review Metrics		Local
	12c - % actions documenting difference between initial & final penalties		100%

	12d - % files that document collection of penalty	100%
Local Response:	None.	
Action(s):	No further action is needed.	

## **V. ELEMENT 13**

HDNREM did not provide any additional information for inclusion in this element.

## **VI. APPENDICES**

See the following attachments in the appendices:

- a. Official Data Pull
- b. Preliminary Data Analysis & File Selection
- c. File Review Analysis



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**

REGION 4  
ATLANTA FEDERAL CENTER  
61 FORSYTH STREET  
ATLANTA, GEORGIA 30303-8960

APR 22 2009

Mr. Daniel E. Shea, Director  
Division of Natural Resources  
and Environmental Management  
City of Huntsville  
P.O. Box 308  
Huntsville, AL 35804

Dear Mr. Shea:

The Environmental Protection Agency (EPA) Region 4 is initiating a review of the Huntsville Clean Air Act (CAA) enforcement and compliance program using the State Review Framework (SRF) protocol. SRF is a national effort that allows EPA to ensure that state and local CAA agencies meet agreed-upon minimum performance levels in providing environmental and public health protection. The review will include the following elements:

- discussions between EPA and Huntsville program managers and staff,
- examination of data in EPA and Huntsville data systems, and
- the review of selected Huntsville inspection and enforcement files and policies.

As part of the SRF review, EPA and Huntsville have the option of agreeing to examine local programs that broaden the scope of traditional enforcement. This may include programs such as pollution prevention, compliance assistance, and other innovative approaches to achieving compliance. It may also encompass other aspects of the program, including documenting and reporting outputs, outcomes and indicators, or supplemental environmental projects. We welcome your suggestions for other facets of your compliance programs which you may want us to review. Our evaluation of these portions of the program would be documented under Element 13 of the SRF report.

Our intent is to assist Huntsville in achieving implementation of programs that meet federal standards, and EPA and Huntsville are partners in carrying out the review. If any issues are identified, EPA wants to address them in the most constructive manner possible. Mark Fite of my staff will be the primary EPA Region 4 SRF contact and will lead the review team. It is my understanding that you and Mr. Fite have agreed upon a tentative schedule of June 16-17, 2009, for the SRF file review. Please let us know at your earliest convenience if alternative dates are desired.

I have enclosed with this letter the Official Data Set (ODS) that will be used in the SRF review. Please respond to Mr. Fite by May 15, 2009, with an indication that you agree with the ODS, or if there are discrepancies, please provide that information electronically in the enclosed spreadsheet file by the same date. Mr. Fite can be reached at (404) 562-9740, or by email at

[fite.mark@epa.gov](mailto:fite.mark@epa.gov), if you have any questions. Please note that minor discrepancies that would not have a substantive impact on the review do not need to be reported. If we do not receive a response from you by the date noted above, EPA will proceed with our preliminary data analysis utilizing the ODS provided with this letter. The preliminary data analysis and file selection for the onsite file review will be sent to you by May 29, 2009.

We look forward to working with you and your staff in this effort. Should you require additional information, or wish to discuss this matter in greater detail, please feel free to contact Mr. Fite directly.

Sincerely,

A handwritten signature in black ink, appearing to read "Kelly Sisario".

Kelly Sisario  
Acting Associate Director  
Office of Environmental Accountability

Enclosure

cc: Carol Kemker, Acting Director, APTMD  
Beverly Spagg, Chief, Air & EPCRA Enforcement Branch

## OTIS State Review Framework Results

CAA Data for Alabama, LCON 02 (Review Period Ending: FY08)

Metrics  
Information

**Please note:** For display purposes, some important explanatory details about the data metrics are not included on the metrics results screen. To see detailed information about each data metric, refer to the data metrics informational spreadsheet or data metrics plain language guide when reviewing the data - all SRF guidance is available on the [OTIS SRF documents](#) page. The [data problems](#) page indicates any known data metrics issues.

					Production Data (Current Data Refresh Dates)				Frozen Data (Official Frozen FY2008 Refresh Dates)				
Metric	Metric Type	Agency	National Goal	National Average	Alabama LCON 02 (Metric=x/y) 0	Count (x)	Universe (y)	Not Counted (y-x)	Alabama LCON 02 (Metric=x/y) 0	Count (x)	Universe (y)	Not Counted (y-x)	
1. Data completeness. degree to which the minimum data requirements are complete.													
A	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			9	NA	NA	NA	9	NA	NA	NA
	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			7	NA	NA	NA	7	NA	NA	NA
B	Source Count: Synthetic Minors (Current)	Data Quality	State			9	NA	NA	NA	9	NA	NA	NA
	Source Count: NESHAP Minors (Current)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA
	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			2	NA	NA	NA	2	NA	NA	NA
	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			3	NA	NA	NA	3	NA	NA	NA
C	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA
	CAA Subprogram Designations: MACT (Current)	Data Quality	State			3	NA	NA	NA	3	NA	NA	NA
	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	77.6%	66.7%	2	3	1	66.7%	2	3	1
	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	34.8%	0 / 0	0	0	0	0 / 0	0	0	0
	CAA Subpart Designations: Percent MACT facilities with FCEs	Data Quality	State	100%	91.4%	100.0%	4	4	0	100.0%	4	4	0

	conducted after 10/1/2005												
	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			14	NA	NA	NA	14	NA	NA	NA
D	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			14	NA	NA	NA	14	NA	NA	NA
	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			1	NA	NA	NA	1	NA	NA	NA
E	Historical Non-Compliance Counts (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA
	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA
F	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA
	HPV: Number of New Pathways (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA
G	HPV: Number of New Sources (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA
	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	50.8%	100.0%	1	1	0	100.0%	1	1	0
	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	66.6%	100.0%	1	1	0	100.0%	1	1	0
H	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	66.5%	100.0%	1	1	0	100.0%	1	1	0
	Formal Action: Number Issued (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA
I	Formal Action: Number of Sources (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA
J	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$10,000	NA	NA	NA	\$10,000	NA	NA	NA
K	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		0	NA	NA	NA	0	NA	NA	NA
2. Data accuracy. degree to which the minimum data requirements are accurate.													
A	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	≤ 50%	62.4%	100.0%	1	1	0	100.0%	1	1	0
	Stack Test Results at Federally-												

	Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	0	3	3	0.0%	0	3	3
B	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA
3. Timeliness of data entry. degree to which the minimum data requirements are complete.													
A	Percent HPV's Entered ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	33.9%	0.0%	0	1	1	0.0%	0	1	1
	Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	62.4%	60.0%	15	25	10	60.0%	15	25	10
B	Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	71.9%	0.0%	0	2	2	0.0%	0	2	2
C	Comparison of Frozen Data Set	Compare the production data results under Element 1 to the frozen data. Please see Plain Language Guide for details.											
5. Inspection coverage. degree to which state completed the universe of planned inspections/compliance evaluations.													
A	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	59.3%	88.9%	8	9	1	88.9%	8	9	1
	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	State	100%	81.5%	100.0%	9	9	0	100.0%	9	9	0
	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle) <sup>1</sup>	Review Indicator	State	20% - 100%	68.7%	100.0%	8	8	0	100.0%	8	8	0
B	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	100.0%	100.0%	6	6	0	100.0%	6	6	0
C	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		80.8%	88.9%	8	9	1	88.9%	8	9	1
D	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		30.3%	66.7%	2	3	1	66.7%	2	3	1
E	Number of Sources with Unknown	Review	State			0	NA	NA	NA	0	NA	NA	NA

Compliance Status (Current)	Indicator												
F	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA	0	NA	NA	NA
G	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	92.9%	100.0%	9	9	0	100.0%	9	9	0
7. Identification of alleged violations. degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.													
C	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	21.2%	7.1%	1	14	13	7.1%	1	14	13
	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	43.5%	100.0%	1	1	0	100.0%	1	1	0
8. Identification of SNC and HPV. degree to which the state accurately identifies significant noncompliance & high priority violations and enters information into the national system in a timely manner.													
A	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	7.9%	11.1%	1	9	8	11.1%	1	9	8
B	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.7%	0.0%	0	9	9	0.0%	0	9	9
C	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	74.6%	100.0%	1	1	0	100.0%	1	1	0
D	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	40.1%	0.0%	0	1	1	0.0%	0	1	1
E	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	43.8%	100.0%	1	1	0	0.0%	0	1	1
10. Timely and Appropriate Action. Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.													
A	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		37.1%	0.0%	0	1	1	0.0%	0	1	1
12. Final penalty assessment and collection. Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.													
A	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			1	NA	NA	NA	1	NA	NA	NA
B	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	≥ 80%	86.5%	100.0%	1	1	0	100.0%	1	1	0

Save Results (a comma delimited text file)

Save Results (Excel file)

Report Generated on 4/14/2009  
Data Refresh Dates

**Note:** EPA Regions must archive the state official data set (first results screen) used for a state review, as these data cannot be reproduced at a later date. SRF data metrics results may change as data are updated in AFS, ICIS, PCS, and RCRAInfo. The above data set may be saved in Excel or comma delimited text format by clicking on the appropriate Save Results link above. Drilldown tables that are linked from this page also cannot be exactly reproduced after a new data refresh occurs if the state has entered or changed data. OECA does not require regions to save the drilldown facility lists in order to document their review; however, if potential problem areas are identified through regional analysis or via state dialogue, the region may want to save selected drilldown lists.

**General Notes:**

- \* Blue-shaded rows denote that the metric was pulled manually.
- \* The results counts of some metrics contain enforcement sensitive (ES) records/actions. When using the drilldowns, enforcement sensitive access may be required to view all records/actions included in the results counts.
- \* Because of timeout issues, links are not provided to drilldowns that produce more than 1500 records.

**Caveats:**

<sup>0</sup> State Metric column is generally computed from the value in the Count column (x) divided by the value in the Universe column (y).

<sup>1</sup> The current CMS Cycle for SM80s started with FY07; therefore, metric 5B1 includes number of FYs since FY07 through selected FY. Goal percentages expected to increase with selected FY until CMS Cycle completion in FY11, e.g., 20%- FY07, 40% -FY08, etc.

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Huntsville State Review Framework  
CAA Preliminary Data Analysis Worksheet

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Huntsville Metric Production	Count Production	Universe Production	Not Counted Production	Huntsville Metric Frozen	Count Frozen	Universe Frozen	Not Counted Frozen	Huntsville Discrepancy (Yes/No)	Huntsville Correction	Huntsville Data Source	Discrepancy Explanation	Initial Findings	Evaluation
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			9	NA	NA	NA	9	NA	NA	NA						Appears Acceptable
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			7	NA	NA	NA	7	NA	NA	NA						Appears Acceptable
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			9	NA	NA	NA	9	NA	NA	NA						Appears Acceptable
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA						Appears Acceptable
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			2	NA	NA	NA	2	NA	NA	NA						Appears Acceptable
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			3	NA	NA	NA	3	NA	NA	NA						Appears Acceptable
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA						Appears Acceptable
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			3	NA	NA	NA	3	NA	NA	NA						Appears Acceptable
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	77.5%	66.7%	2	3	1	66.7%	2	3	1					Huntsville reported NSPS subpart information for 2 out of 3 sources. Subpart data needs to be entered for the remaining source.	Minor Issue
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	34.8%	0/0	0	0	0	0/0	0	0	0						Appears Acceptable
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	91.4%	100.0%	4	4	0	100.0%	4	4	0						Appears Acceptable
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			14	NA	NA	NA	14	NA	NA	NA						Appears Acceptable
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			14	NA	NA	NA	14	NA	NA	NA						Appears Acceptable
A01D3S	Compliance Monitoring: Number of FCEs (1 FY)	Informational Only	State			1	NA	NA	NA	1	NA	NA	NA						Appears Acceptable
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA						Appears Acceptable
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA						Appears Acceptable
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA						Appears Acceptable
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA						Appears Acceptable
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA						Appears Acceptable
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	50.8%	100.0%	1	1	0	100.0%	1	1	0						Appears Acceptable
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	66.6%	100.0%	1	1	0	100.0%	1	1	0						Appears Acceptable

Huntsville State Review Framework  
CAA Preliminary Data Analysis Worksheet

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Huntsville Metric Production	Count Production	Universe Production	Not Counted Production	Huntsville Metric Frozen	Count Frozen	Universe Frozen	Not Counted Frozen	Huntsville Discrepancy (Yes/No)	Huntsville Correction	Huntsville Data Source	Discrepancy Explanation	Initial Findings	Evaluation
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV	Data Quality	State	100%	66.5%	100.0%	1	1	0	100.0%	1	1	0						Appears Acceptable
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA						Appears Acceptable
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA						Appears Acceptable
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$10,000	NA	NA	NA	\$10,000	NA	NA	NA						Appears Acceptable
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		0	NA	NA	NA	0	NA	NA	NA						Appears Acceptable
A02A0S	Number of HPV/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	62.4%	100.0%	1	1	0	100.0%	1	1	0					The only violation identified during the review period was an HPV, which could indicate that non-HPV violations are not entered into AFS.	Potential Concern
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	0	3	3	0.0%	0	3	3						Appears Acceptable
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA						Appears Acceptable
A03A0S	Percent HPV's Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	33.9%	0.0%	0	1	1	0.0%	0	1	1					Huntsville only had 1 HPV in review year, but this was not entered into AFS until 126 days after Identification.	Potential Concern
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	62.4%	60.0%	15	25	10	60.0%	15	25	10					Huntsville's compliance monitoring MDRs are reported late (>60 days). Huntsville indicates their practice has been to enter data on a quarterly basis, which likely accounts for the late reporting.	Potential Concern
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	71.9%	0.0%	0	2	2	0.0%	0	2	2					Huntsville only had 2 enforcement related actions to report during 2008, and both of these were reported late (>60 days). Again, the practice of quarterly data input may be the cause.	Potential Concern
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	59.3%	88.9%	8	9	1	88.9%	8	9	1						Appears Acceptable
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	State	100%	81.5%	100.0%	9	9	0	100.0%	9	9	0						Appears Acceptable
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	80% - 100%	66.7%	100.0%	8	8	0	100.0%	8	8	0						Appears Acceptable
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	100.0%	100.0%	6	6	0	100.0%	6	6	0						Appears Acceptable

Huntsville State Review Framework  
CAA Preliminary Data Analysis Worksheet

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Huntsville Metric Production	Count Production	Universe Production	Not Counted Production	Huntsville Metric Frozen	Count Frozen	Universe Frozen	Not Counted Frozen	Huntsville Discrepancy (Yes/No)	Huntsville Correction	Huntsville Data Source	Discrepancy Explanation	Initial Findings	Evaluation
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		80.8%	88.9%	8	9	1	88.9%	8	9	1						Appears Acceptable
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		30.3%	66.7%	2	3	1	66.7%	2	3	1						Appears Acceptable
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			0	NA	NA	NA	0	NA	NA	NA						Appears Acceptable
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA	0	NA	NA	NA						Appears Acceptable
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	92.9%	100.0%	9	9	0	100.0%	9	9	0						Appears Acceptable
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	2 National	21.2%	7.1%	1	14	13	7.1%	1	14	13					Huntsville's performance is less than half the national average. Like metric A2, this metric indicates that violations may be under-reported.	Potential Concern
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	2 National	43.5%	100.0%	1	1	0	100.0%	1	1	0						Appears Acceptable
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	2 National	7.9%	11.1%	1	9	8	11.1%	1	9	8						Appears Acceptable
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	2 National	0.7%	0.0%	0	9	9	0.0%	0	9	9					Huntsville did not identify any HPVs in Synthetic Minor sources during the review year. However, since the universe is so small (9 sources) and the national identification rate is very low, this does not represent a significant issue.	Appears Acceptable
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	2 National	74.6%	100.0%	1	1	0	100.0%	1	1	0						Appears Acceptable
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	2 National	40.1%	0.0%	0	1	1	0.0%	0	1	1						Appears Acceptable
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	2 National	43.8%	100.0%	1	1	0	0.0%	0	1	1						Appears Acceptable
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		37.1%	0.0%	0	1	1	0.0%	0	1	1						Appears Acceptable
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			1	NA	NA	NA	1	NA	NA	NA						Appears Acceptable
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	86.5%	100.0%	1	1	0	100.0%	1	1	0						Appears Acceptable



CAA File Selection  
Huntsville State Review Framework

Facility Name	Program ID	Address	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Selection Criteria
APAC SOUTHEAST, INC	010890P129	4210 STRINGFIELD ROAD	1	0	0	0	0	0	0	0	0	SM80	representative
BASF CATALYSYS, LLC	010890P228	9800 KELLNER ROAD	1	0	0	0	0	0	0	0	0	SM80	representative
CONTINENTAL AUTOMOTIVE SYSTEMS US, INC	010890P117	100 ELECTRONICS BOULEVARD	1	0	0	0	0	0	0	0	0	MAJR	representative
DHS SYSTEMS, LLC	010890P350	5855 ENDEAVOR WAY	1	0	0	0	0	0	0	0	0	SM80	representative
INTERNATIONAL DIESEL OF ALABAMA, LLC	010890P305	646 JAMES RECORD ROAD	1	0	0	0	0	0	0	0	0	SM80	representative
KOHLER COMPANY	010890P109	176 COCHRAN ROAD	1	0	0	0	0	0	0	0	0	MAJR	representative
NATIONAL COPPER & SMELTING	010890P127	3333 STANWOOD BLVD	1	0	0	0	0	0	0	0	0	MAJR	representative
PPG INDUSTRIES	010890P027	1719 HIGHWAY 72 EAST	1	0	0	0	0	0	0	0	0	SM80	representative
PRATT & WHITNEY AUTOMATION, INC	010890P344	15091 HIGHWAY 20 WEST	1	0	0	0	0	0	0	0	0	SM80	representative
SAINT-GOBAIN INDUSTRIAL CERAMICS CORP.	010890P056	CAP ADKINS ROAD	1	0	1	1	0	1	1	1	10,000	MAJR	representative
TDY INDUSTRIES, INC., DBA ATI ALLDYNE	010890P016	7300 HIGHWAY 20 WEST	1	0	0	0	0	0	0	0	0	MAJR	representative
TOYOTA MOTORS MANUFACTURING OF AL, INC.	010890P316	N. HUNTSVILLE INDUSTRIAL PARK	1	0	0	0	0	0	0	0	0	MAJR	representative
VINTAGE PHARMACEUTICALS, LLC	010890P342	130 VINTAGE DRIVE	1	0	0	0	0	0	0	0	0	SM80	representative



# Huntsville SRF CAA File Review Metric Analysis Form

Name of Program: Huntsville, AL

Review Period: FFY 2008

CAA Metric #	CAA File Review Metric Description:	Metric Value	Evaluation	Initial Findings
Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	23%	Potential Concern	Three of the 13 files reviewed contained documentation to confirm that all MDRs were reported accurately into AFS. Eight files had one or more inaccurate data items, including zip code, SIC code, facility name, or address. For 1 file, the SM permit showed both VOC and HAPs as regulated pollutants, but AFS only indicated VOCs as regulated. One file indicated applicability of the subpart PPTT MACT (starting on 1/8/08), but this was not shown in AFS. Finally, 1 file indicated a stack test was done that was not reported in AFS.
Metric 4a	Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5. If a state/local agency had negotiated and received approval for conducting its compliance monitoring program pursuant to an alternative plan, details concerning the alternative plan and the S/L agency's implementation (including evaluation coverage) are to be discussed under this Metric.		Appears Acceptable	Huntsville follows a traditional CMS plan, committing to conducting FCEs every 2 years at Title V sources (Majors) and every 5 years at Synthetic Minor sources. Although the Preliminary Data Analysis, indicated the City completed 8 of 9 (89%) of its FCEs at Major sources in the 2 year CMS cycle, EPA has corrected an error in data metric 5a1. Therefore, all 9 Major sources received and FCE during the FY 2006-2007 CMS cycle. The City completed FCE's at 100% of its SM80 sources during the 5 year CMS cycle for SM80s.
Metric 4b	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The compliance and enforcement commitments should be delineated.	100%	Appears Acceptable	See attached table for Metric 4b.
Metric 6a	# of files reviewed with FCEs.	13		
Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	100%	Appears Acceptable	13 of the 13 files reviewed had documentation in the files to show that they contained all of the elements of the FCE, per the CMS.
Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	100%	Appears Acceptable	13 of the 13 CMRs reviewed contained all of the CMR requirements listed in the CMS and they contained sufficient documentation to determine compliance at the facility.
Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	92%	Appears Acceptable	12 of the 13 CMRs reviewed led to an accurate compliance determination.
Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	NA	Appears Acceptable	No files reviewed had non-HPV violations.

# Huntsville SRF CAA File Review Metric Analysis Form

Name of Program: Huntsville, AL

Review Period: FFY 2008

CAA Metric #	CAA File Review Metric Description:	Metric Value	Evaluation	Initial Findings
Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	100%	Appears Acceptable	1 of 1 file reviewed accurately determined HPVs.
Metric 9a	# of formal enforcement responses reviewed.	1		
Metric 9b	% of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	100%	Appears Acceptable	1 of the 1 file reviewed documented injunctive relief or complying actions.
Metric 10b	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	100%	Appears Acceptable	1 of 1 HPVs reviewed were addressed in a timely manner.
Metric 10c	% of enforcement responses for HPVs appropriately addressed.	100%	Appears Acceptable	1 of 1 HPVs were appropriately addressed with a formal enforcement response, which was an administrative order which included injunctive relief. The source completed the required actions, and returned to compliance.
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	0%	Significant Issue	0 of 1 file reviewed provided documentation of appropriate gravity and economic benefit components of the penalty.
Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	Appears Acceptable	1 of 1 file reviewed provided documentation of the difference between the proposed and final penalty.
Metric 12d	% of files that document collection of penalty.	100%	Appears Acceptable	1 of 1 file reviewed documented collection of the penalty.

## Evaluation Criteria

**Minor Issues/Appears Acceptable** -- No EPA recommendation required.

**Potential Concern** -- Not a significant issue. Issues that the state may be able to correct without specific recommendation. May require additional analysis.

**Significant Issue** -- File review shows a pattern that indicates a significant problem. Will require an EPA Recommendation.

## Huntsville SRF CAA File Review Summary Form for Metric 4b

<b>Metric 4b</b>	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The compliance and enforcement commitments should be delineated.				
	<b>State Commitment</b>	<b>Accomplishments</b>	<b>Data Source</b>	<b>Evaluation</b>	<b>Initial Findings</b>
<b>Commitment 5</b>	Observe asbestos work practices in progress whenever possible to assess compliance. Special priority will be given to entering a project of a contractor with a work practice violation within the previous 12-month period.	Status OK	FY 2008 Air Planning Agreement	Appears Acceptable	Conditional Agreement. Huntsville indicated they will enter the enclosure in cases where compliance cannot be determined outside the work envelope. EPA agreed to this.
<b>Commitment 6</b>	Report the following asbestos NESHAP activities at least forth-five (45) days after each fiscal quarter: 1) number of notifications received; 2) number of inspections; 3) non-notifier activity if applicable; 4) number of non-penalty enforcement actions; 5) number of enforcement actions with an assessed penalty; and 6) total penalty assessment.	Status OK	FY 2008 Air Planning Agreement	Appears Acceptable	
<b>Commitment 7</b>	Maintain a State/Local health and safety plan for asbestos demolition/renovation inspectors. Plan to include medical monitoring, protective equipment, and training as minimum requirements. Alternatively, implement EPA's "Health and Safety Guidelines for EPA Asbestos Inspectors," dated March 1991. These documents will be reviewed by EPA during state program visits.	Status OK	FY 2008 Air Planning Agreement	Appears Acceptable	

## Huntsville SRF CAA File Review Summary Form for Metric 4b

Metric 4b	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The compliance and enforcement commitments should be delineated.				
	State Commitment	Accomplishments	Data Source	Evaluation	Initial Findings
Commitment 1	Ensure complete, accurate and timely data consistent with the Compliance Monitoring Strategy, High Priorities Violations Policy, and the AIRS Facility Subsystem (AFS) requirements under the Information Collection Request.	Status OK	FY 2008 Air Planning Agreement	Appears Acceptable	
Commitment 2	Resolve violations of any rule for which EPA has delegated authority to the state or local agency for non-major MACT sources and synthetic minor sources.	Status OK	FY 2008 Air Planning Agreement	Appears Acceptable	
Commitment 3	Utilize the pollution prevention database (Enviro\$en\$e database on the EPA Web page). Use this database to enhance pollution prevention outreach activities during compliance inspections.	Status OK	FY 2008 Air Planning Agreement	Appears Acceptable	Huntsville indicates this commitment is not applicable to their program, since EPA does not provide funding for P2 activities. EPA agreed to this.
Commitment 4	Inspect 25% of all NESHAP asbestos demolition/renovation projects. These projects should be selected so that all removal contractors are inspected at least once. Alternatively, lower inspection rates can be negotiated if an effective contractor certification program is in place. Lower inspection rates can also be negotiated if a non-notifier strategy is developed and implemented.	Status OK	FY 2008 Air Planning Agreement	Appears Acceptable	Conditional Agreement. Huntsville agreed to inspect 10%, citing that they have an effective contractor certification program in place. EPA agreed to this.

# Huntsville SRF CAA File Review Summary Form for Metric 4b

<b>Metric 4b</b>	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The compliance and enforcement commitments should be delineated.				
	<b>State Commitment</b>	<b>Accomplishments</b>	<b>Data Source</b>	<b>Evaluation</b>	<b>Initial Findings</b>
<b>Commitment 8</b>	Recommend (where appropriate) cases and provide support to the EPA Criminal Enforcement Program.	Status OK	FY 2008 Air Planning Agreement	Appears Acceptable	
<b>Commitment 9</b>	Implement the CAA section 112(r) program for affected sources. Develop a 112(r) work plan with projected priorities including risk management program audits and facility inspections. Compile end-of-year report of accomplishments. Enter accomplishments into AFS as Partial Compliance Evaluations.	Status OK	FY 2008 Air Planning Agreement	Appears Acceptable	Huntsville is not delegated responsibility for the 112(r) program.
<b>Evaluation Criteria</b>					
<b>Minor Issues/Appears Acceptable -- No EPA recommendation required.</b>					
<b>Potential Concern -- Not a significant issue. Issues that the state may be able to correct without specific recommendation. May require additional analysis.</b>					
<b>Significant Issue -- File review shows a pattern that indicates a significant problem. Will require an EPA Recommendation.</b>					



**City of Huntsville Division of Natural Resources  
and Environmental Management  
Final State Review Framework Report – Round 2**

There is not a 508-compliant copy of the appendices for this report. For a PDF copy, please contact Shannon Maher at [maher.shannon@epa.gov](mailto:maher.shannon@epa.gov).